



**Department of Health and Human Services
Division for Children, Youth & Families/Child Development Bureau
Application for Infant/Toddler Seminar**

August 10-15, 2007 North Conway, NH

Name of Child Care Program (as shown on child care license) Attach copy of child care license.

License #: _____

Mailing Address (include zip code)

Phone

E-Mail

Fax

Name of Program Director/Owner

Has this program applied for the I/T Seminar previously? _____ **If yes, when?** _____

Who attended/position? _____

Describe your current program (please write legibly):

<input type="checkbox"/> Center-based <input type="checkbox"/> DCYF Contract Center		<input type="checkbox"/> Profit <input type="checkbox"/> Non-profit	
<input type="checkbox"/> Family Child Care <input type="checkbox"/> Family Group Care		Nationally Accredited? <input type="checkbox"/> Yes <input type="checkbox"/> No NH Licensed Plus? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Existing infant/toddler program <input type="checkbox"/> Expanding <input type="checkbox"/> New infant/toddler program			
Age range of all children in program (e.g. 18 months to 6 years):			
Licensed capacity:	Birth – 24 months:	Over 24 months:	
Currently enrolled:	Birth – 24 months:	Over 24 months:	
Proposed expansion of infant and toddler opportunities (if applicable):	Birth – 24 months:		

Do you receive payment from the Department of Health and Human Services (DHHS) for any of the children enrolled?
 ☐ Yes ☐ No If **yes**, how many children? _____

If expanding, will you need to apply to change your license? ☐ Yes ☐ No

If yes, have you contacted the Bureau of Child Care Licensing? ☐ Yes ☐ No

Person Applying: _____ **Position:** _____

Please note: One person per program will be eligible. The Infant/Toddler Task Force encourages those in leadership roles (e.g. director/owner) to attend, and reserves the right to require leadership to attend as a condition of acceptance.

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Please answer the following questions in the order given and attach your answers to this application (typed answers only). Please note that criteria for acceptance will include the program having no outstanding critical violations with licensing, geographic representation, past participation of the Infant and Toddler Seminar, as well as your program's ability to meet the requirements according to your answers of the following questions.

1. **Child Care in Your Area:** Describe the geographic area your program serves and the current availability of child care for infants and toddlers. Describe how you work with your local DHHS office to make child care opportunities available to client families. Who is the local Resource and Referral Agency in your area and how have you been involved with them? If expanding, on what basis have you decided that there is a need for more infant/toddler care (e.g. survey, wait list...)?
2. **Current Program:** Briefly describe your current child care program. Be sure to include what you offer for infants and toddlers. If applicable, attach your program brochure, philosophy statement, or other information that would help us to understand your program. Tell us how long you have been licensed by the Bureau of Child Care Licensing and if your program is free of violations. (Be sure to include a copy of your child care license.)
3. **If expanding, proposed expansion or new program:** How many infants/toddlers do you currently care for? How many infants/toddlers do you propose to care for? Describe in detail your work plan for accomplishing this. Be sure to include a time line with January 15, 2008 as deadline for this care being available. Your plan needs to include facility, staffing, and licensing considerations. Attach a resume of the person who will be responsible for implementing the plan, or if this person is to be hired attach a job description.
4. **Staff Training:** Describe your current staff in terms of numbers and qualifications. How was staff member applying selected to attend training? How will substitute coverage be arranged and financed? **Attach a resumé of the person who will be attending the training, if accepted, and a brief letter to the Infant/Toddler Task Force from the potential participant telling us about his/herself and why h/she would like to attend the seminar.**
5. **Finances:** Explain how the equipment grant would help you improve the quality of your program (in a general sense, not a list of equipment) and how you will insure that the grant is managed well.
6. **Other:** Please tell us anything else that you feel makes you uniquely qualified to receive this assistance or, based on your past experience or other factors, should be considered by the Task Force in making their selection.

In applying for this Infant/Toddler Seminar scholarship and grant, I understand that recipients, upon program acceptance, will be required to send a staff member to the summer course, as well as to insure staff participation in the ongoing seminar assignments, to include follow-up day (November 30, 2007) and site visits. There is also a requirement of the attendee becoming credentialed through the Early Childhood Professional Development System. I also understand that if at sometime in the future the program stops providing care for infants and toddlers or ownership changes, the program **must** notify the Child Development Bureau so that the equipment can be disbursed to another active infant/toddler care program, in collaboration with your local Resource and Referral Network.

Signature

Title

Date

Applications must be signed by the program owner or an individual voted the authority to submit proposals on behalf of the agency.

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Infant/Toddler Seminar 2007 Application Checklist

Before mailing your application, please be sure that you have included all of the required documents and have addressed all of the selection criteria fully.

- ☐ Include the completed original and one complete copy of the application (please do not bind or use report covers for your application). We strongly recommend that you keep a copy for your files.
- ☐ Enclose one copy of your current license and the required resumes.
- ☐ Have you stated the geographic area that will be served by your program and have you shown that you know, and are involved in the child care community in this area?
- ☐ Have you documented the need for infant/toddler care in this area?
- ☐ Have you shown how you have worked with the local DHHS District Office to make child care opportunities available, especially to DHHS client families?
- ☐ Have you shown how you have worked with the local Child Care Resource and Referral program?
- ☐ Have you described your current child care program?
- ☐ Have you fully described your plan to increase the infant/toddler capacity of your program, **or** have you fully described your plan to start a new infant/toddler program (if applicable)?
- ☐ Have you included a realistic time line to insure these additional spaces will be available by January 15, 2008?
- ☐ Have you documented that your proposed plan will meet licensing requirements and a commitment to become licensed or obtain a license revision?
- ☐ Have you documented Board support (and/or the support of any other appropriate parties) for the proposed new program or expansion (if applicable)?
- ☐ Have you documented the need for staff training and your plan for selecting appropriate staff to attend training?
- ☐ Have you attached a résumé of the person who will be attending the training, if accepted, and a brief letter to the Infant/Toddler Task Force from the potential participant telling us about his/herself and why he/she would like to attend the seminar?
- ☐ Have you described your plan to make the necessary arrangements (including financial) for substitute staff that will be required while he/she is at training, as well as for the follow-up day on Friday, November 30th 2007?
- ☐ Have you shown how the grant will benefit your program and that you have the fiscal ability to manage the grant?
- ☐ Have you included anything else that you feel makes you uniquely qualified for selection?

All applications must be *received* by DCYF, NO LATER THAN March 30, 2007

Send completed applications and one complete copy to:

**Martine Cloutier
DCYF/Child Development Bureau
129 Pleasant Street
Brown Building 4th floor
Concord, NH 03301**

Please call 1-800-852-3345 ext. 4206 or 271-4206 if you have any questions.